

Medication Use Systems
Case 5. People and Purpose in Medication Use
(Hugh Jorda)

Objective

To explore perspectives on the outcomes of medications use.

Background

Mr. Hugh Jorda is a 49-year-old Caucasian male and a customer at DeMann's Pharmacy, where you work. He is a large man, 6 feet 2 inch tall, weighing 250 pounds. He was diagnosed with hypertension six months ago. After three months of diet and exercise, which did not lower his blood pressure, he started Atenolol 50 mg tablets (1 qd). coming to your pharmacy for his prescription. Since then, he has come in on a monthly basis (more or less).

Today, he is back for a refill. You note that 40 days have passed since his last refill. When you ask him about how often he takes his Atenolol, he replies that he does not take it every day. When you ask why, he says because he suspects that the drug makes him tired and makes his job even harder than it is. In your pharmacy, his blood pressure is 145/100. He says his physician, Dr. Seth Tazidime, told him his blood pressure is still too high. Dr. Tazidime would like Hugh's blood pressure to be below 140/90. He tells you that his blood pressure has actually gone down significantly. Before the medication his blood pressure had been around 155/105.

When you ask Mr. Jorda about his food intake he mumbles and says that he is "supposed" to be on a low sodium, low fat, low carbohydrate, high fiber diet, but has a hard time sticking to it. He just doesn't like bland foods. He mentions that Dr. Tazidime also asked him to exercise at least three times per week. He said he tried jogging around the neighborhood on a few occasions, but that he felt ridiculous. When his left knee started hurting more than usual he stopped. When you question him about his knee pain he tells you that he has had arthritis in his left knee for about six months. He said Ibuprofen used to relieve the pain but it hasn't been working very well lately. His knee bothers him a lot when he is working. You ask if his doctor has ever suggested a prescription anti-inflammatory medication. Mr. Jorda replies that he has never mentioned the knee pain to his doctor because he figured it was just arthritis, just part of getting old, and there wasn't much anyone could do about it.

Mr. Jorda works for a beer distributor for the local Budtugly Beer. He delivers to the local vendors in Alachua, High Springs, and Ocala. Lately he has been working 10 hour days. He thinks another driver should be added to the route because of the amount of beer Alachua county consumes. He says he has to restock the vendors every 3 days – he attributes this to the students' determination to uphold UF's reputation as a party school.

Because he spends most of the day driving around and delivering beer, he usually eats fast food for lunch and dinner. He spends Monday nights and Sundays at Halters (a downtown bar evidently devoted to the study of owls) watching football, smoking cigars, drinking beer and eating hot wings and fries. He comments that he knows he shouldn't be eating the hot wings and fries but he likes hanging out with his buddies -- he calls it a tradition. Mr. Jorda tells you he is embarrassed to admit this information to Dr. Tazidime. You ask whether he told Dr. Tazidime about his diet. Mr. Jorda says that during his visit last week, he told Dr. Tazidime that the diet and exercise regimens were going "pretty well."

You inform Mr. Jorda that his prescription does not have any remaining refills. You tell him you need to call Dr. Tazidime for refill authorization. He tells you he has a few more tablets at home, so he will come back in 1 or 2 days to pick up the refill.

Later that day, you call Dr. Tazidime's office to request a refill authorization for Mr. Jorda's Atenolol prescription. The nurse authorizes the following prescription.

Atenolol 100mg #100
Sig: 1 tablet qd

The nurse instructs you to leave a note with Mr. Jorda's prescription, indicating that Dr. Tazidime wants to see him in 4 weeks to check his blood pressure.

Assignment

A written report is required for this case. The overall goal is as follows:

To support the management of Mr. Jorda's hypertension and his overall health/quality of life and to keep him as a customer of DeMann's pharmacy.

1. List all important DTPs. Are they actual or potential? Explain.
Classify the DTPs as Access, Effectiveness, or Safety problems. Explain.
2. List and briefly describe any/all DRMs.
3. Which of the five principles of medications management have been significantly violated in Mr. Jorda's case? Briefly explain the significance of the principle(s) you chose.
4. a. Which type of patient/professional relationship do you think exists between Hugh Jorda and Dr. Tazidime? Justify your assessment in terms of values, beliefs, and judgement.
b. Give an example of how this relationship may influence Mr. Jorda's care and how a more effective relationship could improve his care.
5. Think through each of steps 1-5 in the TOM model of pharmaceutical care as they pertain to this particular case. Write down main points for each step. Now, using the information from that review, place the information about Mr. Jorda into a problem list and the SOATP-F format.
6. As Hugh Jorda's pharmacist, what do you think you should do to assist him? Make a plan, keeping in mind Dr. Tazidime's therapeutic goals and Hugh Jorda's wishes.
7. Do you feel you are morally, professionally, and legally obligated to counsel Mr. Jorda? Why or why not? Defend your answer. (This question is not graded as "right or wrong" but rather it will be judged on the quality of your explanation/defense of your position.)

Recommended Resources

This case draws on information from the beginning of the course through Lecture 5. To successfully write a report on this case, you should have read Chapters 1-4, 8 and 10 in PME-IDO and have completed cases 1-4. Specific additional resources are:

1. Dombrowski SR. Pharmacists counseling on nutrition and physical activity – part 1 and 2: understanding current guidelines. *J Am Pharm Assoc* 1999; 39: 479-491.
2. Smith M, Juergens J, Jack J. Medication and the quality of life. *American Pharmacy*. 1991; NS31: 27-33
3. PME-IDO, Chapter 4 and Lecture 5.